

MAY 19 2003
PATENT & TRADEMARK OFFICE

AMENDED TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66797-144 (P-IX 4526)	
SERIAL NO: 09/727,311	FILING DATE: November 29, 2000	EXAMINER: D. Lambertson	GROUP ART UNIT: 1636 CONFIRMATION NO.: 3119	
INVENTION: SURFACE EXPRESSION LIBRARIES OF RANDOMIZED PEPTIDES				

RECEIVED
MAY 23 2003
TECH CENTER 1600/2900

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 545 803 US

DATE OF DEPOSIT: May 19, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA, 22313-1450.

Rebecca McElroy
Printed Name of Person Mailing Paper or Fee
Rebecca McElroy
Signature of Person Mailing Paper or Fee

Transmitted herewith is a Response to the Office Action mailed November 18, 2002, with Exhibits 1 through 10, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	5	-	20	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPENDENT CLAIMS	3	-	3	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

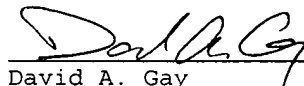
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

BEST AVAILABLE COPY

Inventor: William D. Huse
Serial No.: 09/727,311
Filed: November 29, 2000
Page 2

- X Please charge my Deposit Account No. 502624 the amount of \$985.00 which covers the fee for a five-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



David A. Gay
Registration No. 39,200
McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001

BEST AVAILABLE COPY